

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers) 2003 MAY 19 A 10:05
Total pages filed:

| | | | | | | |
|--|---|----------------|---------------------------------|---|----------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST | SUFFIX | | | |
| | | THOMAS | C | | | |
| | | LOPEZ | | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| | 305 S. NUECES SAN ANTONIO TEXAS (210) 271-0519 78207 | | | | | |
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST | SUFFIX | | | |
| | | JILL | | | | |
| | | SANCHEZ | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| | 5106 SENISA SPRINGS SAN ANTONIO TEXAS 78251 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (210) | 364-7376 | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year | |
| | 4 | 24 | 2003 | | 5 / 17 / 2003 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | | |
| | Month | Day | Year | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | 5 | 27 | 2003 | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | | | |
| | SAISD TRUSTEE | | SAN ANTONIO CITY COUNCIL DIST 5 | | | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | | | | |
| | Name | | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

RECEIVED
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CITY CLERK

14 C/OH NAME

Thomas C. Lopez

2003 MAY 19

15 ACCOUNT # (Ethics Commission filers)

10:05

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 750 —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12150 —

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 3550 —

4. TOTAL POLITICAL EXPENDITURES

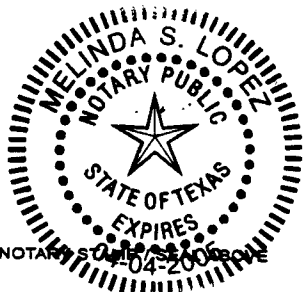
\$ 8575.74

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Thomas C. Lopez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas C. Lopez, this the 19th day of May, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

W. B. BLIZONDO

6 Contributor address; City; State; Zip Code

2219 CINCINNATI

SAN ANTONIO TEXAS 78228

7 Amount of
contribution (\$)

150-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/28

Full name of contributor

☐ out-of-state PAC (ID#)

CESAR R. SERRA

Contributor address; City; State; Zip Code

120 VILLITA

SAN ANTONIO TX 78205

Amount of
contribution (\$)

500-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28

Full name of contributor

☐ out-of-state PAC (ID#)

ORLANDO J. TERAN

Contributor address; City; State; Zip Code

2 HERITAGE CT

HOUSTON, TEXAS 77024

Amount of
contribution (\$)

500-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/17

Full name of contributor

☐ out-of-state PAC (ID#)

301 PAC

Contributor address; City; State; Zip Code

1900 W. LOOP SOUTH, STE 600

HOUSTON TEXAS 77027

Amount of
contribution (\$)

100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/17

Full name of contributor

☐ out-of-state PAC (ID#)

IRVIN FAMILY (LARRY & ALICE)

Contributor address; City; State; Zip Code

P.O. BOX PMB 624 STE 217

SAN ANTONIO TEXAS 78257

Amount of
contribution (\$)

200-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19

1 Total pages this Schedule A1:

217

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

PS ABC / PAC

6 Contributor address; City; State; Zip Code

909 BROADWAY
SAN ANTONIO TX 78215

7 Amount of
contribution (\$)

250 -

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/20

Full name of contributor

☐ out-of-state PAC (ID#)

EW NORTH

Contributor address; City; State; Zip Code

6929 CAMP BULLIS RD
SAN ANTONIO TX 78256

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28

Full name of contributor

☐ out-of-state PAC (ID#)

SHANNON P BECKEL

Contributor address; City; State; Zip Code

15602 MITCHELL BLVD
SAN ANTONIO TEXAS 78248

Amount of
contribution (\$)

250 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28

Full name of contributor

☐ out-of-state PAC (ID#)

N ALLEN MURRAY JR

Contributor address; City; State; Zip Code

14555 BLANCO RD
SAN ANTONIO TEXAS 78216

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19

1 Total pages this Schedule A1:

A1003 3 of 7

2 FILER NAME

THOMAS C. KOPEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30

5 Full name of contributor

☐ out-of-state PAC (ID#)

MANUEL H CALDERON

6 Contributor address; City; State; Zip Code

1425 S.W. 19th ST

SAN ANTONIO TEXAS

78207

7 Amount of contribution (\$)

100 —

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/8

Full name of contributor

☐ out-of-state PAC (ID#)

JESUS CASTILLON

Contributor address; City; State; Zip Code

503 E PYRON

SAN ANTONIO TEXAS

78214

Amount of contribution (\$)

100 —

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8

Full name of contributor

☐ out-of-state PAC (ID#)

ROLANDO B. PABLOS

Contributor address; City; State; Zip Code

P.O. BOX 780603

SAN ANTONIO TEXAS

78278

Amount of contribution (\$)

150 —

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8

Full name of contributor

☐ out-of-state PAC (ID#)

MARK F. SCHULTZ

Contributor address; City; State; Zip Code

1700 RIO GRANDE

AUSTIN TEXAS

78701

Amount of contribution (\$)

1000 —

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD SANCHEZ

Contributor address; City; State; Zip Code

407 SPOTSWOOD DR

SAN ANTONIO TEXAS

78230

Amount of contribution (\$)

500 —

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 10:05
Total Pages this Schedule A1: 4 of 7

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/9

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES R. MUNOZ

6 Contributor address; City; State; Zip Code

222 INSARATION
SAN ANTONIO TEXAS 78228

7 Amount of
contribution (\$)

100 -

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/9

Full name of contributor

☐ out-of-state PAC (ID#)

DUNCAN MCNAUGHTON

Contributor address; City; State; Zip Code

2210 SCHLEY
SAN ANTONIO TEXAS 78210

Amount of
contribution (\$)

100 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10/

Full name of contributor

☐ out-of-state PAC (ID#)

ANGELA PAREJA

Contributor address; City; State; Zip Code

2731 W. MCKLETOE
SAN ANTONIO TEXAS 78228

Amount of
contribution (\$)

200 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/11

Full name of contributor

☐ out-of-state PAC (ID#)

LUPE TORRES

Contributor address; City; State; Zip Code

7500 CALLAGHAN RD
SAN ANTONIO TEXAS 78225

Amount of
contribution (\$)

200 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

LULAC COUNCIL # 4630

Contributor address; City; State; Zip Code

4212 MEDICAL DR
SAN ANTONIO TEXAS

Amount of
contribution (\$)

200 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAYME P. MARTINEZ

Contributor address; City; State; Zip Code

731 SPACIOUS SKY
SAN ANTONIO TEX 782587 Amount of
contribution (\$)

50-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

NANCISO V MENDOZA

Contributor address; City; State; Zip Code

3130 CATO
SAN ANTONIO TEXAS 78223Amount of
contribution (\$)

100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

GILBERT MURILLO

Contributor address; City; State; Zip Code

306 BRAHAN OLYD
SAN ANTONIO TEXAS 78215Amount of
contribution (\$)

50-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

CARLOS PENA

Contributor address; City; State; Zip Code

514 W. COMMERCE
SAN ANTONIO TEXAS 78207Amount of
contribution (\$)

500-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8

Full name of contributor

☐ out-of-state PAC (ID#)

MARK D. ORLANDOS

Contributor address; City; State; Zip Code

7122 SAN ADREW
SAN ANTONIO TX 78216Amount of
contribution (\$)

1000-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 MAY 19 A 10:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6 of 7

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/9

5 Full name of contributor

☐ out-of-state PAC (ID#)

IRON WORKERS COPE

6 Contributor address; City; State; Zip Code

3003 DAWN DR STE 104
GEORGETOWN TX 78628

7 Amount of
contribution (\$)

500 -

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/12

Full name of contributor

☐ out-of-state PAC (ID#)

SYLVIA ANN TALAMANTE

Contributor address; City; State; Zip Code

1527 BANANA RD
SAN ANTONIO TX 78228

Amount of
contribution (\$)

150 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/12

Full name of contributor

☐ out-of-state PAC (ID#)

ALER TALAMANTE

Contributor address; City; State; Zip Code

P.O. BOX 5936
SAN ANTONIO TX 78201

Amount of
contribution (\$)

100 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16

Full name of contributor

☐ out-of-state PAC (ID#)

JULIE M. GORRATH

Contributor address; City; State; Zip Code

16936 BROOKWOOD
SAN ANTONIO TX 78248

Amount of
contribution (\$)

400 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16

Full name of contributor

☐ out-of-state PAC (ID#)

MARY C. BARNHILL

Contributor address; City; State; Zip Code

P.O. BOX 65555
SAN ANTONIO TX 78265

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1: 7

2003 MAY 19 A 10:05 797

2 FILER NAME

THOMAS C. WATZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD C. GORDON

6 Contributor address; City; State; Zip Code

723 SWEET BRUSH
SAN ANTONIO TEXAS 78256

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

RECEIVED
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SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 A 10:05

1 Total pages this Schedule B1:**2** FILER NAME

THOMAS C. WOLFE

3 ACCOUNT # (Ethics Commission files)**4** TOTAL OF UNITEMIZED PLEDGES:

\$ 0

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule E:

2. FILER NAME

Thomas C. Lopez

3. ACCOUNT # (Ethics Commission filers)

4.

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

0

5. Date of loan

7. Name of lender

☐ out-of-state PAC (ID#: _____)

9. Loan Amount (\$)

6. Is lender a financial institution?

Y N

8. Lender address; City; State; Zip Code

10. Interest rate

11. Maturity date

12. Description of Collateral

☐ none

13. GUARANTOR INFORMATION

14. Name of guarantor

16. Amount Guaranteed (\$)

☐ not applicable

15. Guarantor address; City; State; Zip Code

17. Principal Occupation

18. Employer
M

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Titomms C WPSZ

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

6 Is lender a
financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 2003 MAY 19 A 10:05

1 Total pages Schedule F:

2 FILER NAME

Thomas C. Weber

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/25

5 Payee name

POLITICAL

6 Payee address; City; State; Zip Code

1100 BROADWAY, 515 300

SAN ANTONIO TEXAS 78215

7 Amount (\$)

750 -

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SERVICE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/25

Payee name

SAN ANTONIO NEWS

Payee address; City; State; Zip Code

P.O. Box 240022

SAN ANTONIO TEXAS 78224

Amount (\$)

300 -

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/28

Payee name

CRUMLINE PRINTING

Payee address; City; State; Zip Code

2030 E. HOUSTON

SAN ANTONIO TEXAS 78202

Amount (\$)

772.76

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN LITERATURE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/28

Payee name

CRUMLINE PRINTING

Payee address; City; State; Zip Code

2030 E. HOUSTON

SAN ANTONIO TEXAS 78202

Amount (\$)

145.63

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN LITERATURE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule F:

2 FILER NAME

2003 MAY 19 3:10 PM
3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

4/28

6 Payee address; City; State; Zip Code

KETHA HARTER STUDIOS

3477 NE PARKWAY

SAN ANTONIO TEXAS 78218

260 ⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

RECORDINGS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

4/29

Payee address; City; State; Zip Code

Mc COYS BUILDERS

1654 S. CROWN MC MILLER

SAN ANTONIO TEXAS 78237

127 ⁸⁰

Purpose of payment (See instructions regarding type of information required.)

MATERIALS FOR SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/8

Payee address; City; State; Zip Code

P.C. MAILING

10711 HILL POINT

SAN ANTONIO TX 78217

848.58

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/3

Payee address; City; State; Zip Code

SOUTHWEST RECORDER

2203 S. HACKBERRY

SAN ANTONIO TEXAS 78210

275 ⁰⁰

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 06

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

13 MAY
03

NOTARY QUICK

6 Payee address; City; State; Zip Code

P.O. BOX 279
CHANDHASSEN, MN 55317

201.80

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

PHONE MESSAGING SERV

Date

Payee name

Amount (\$)

13 MAY
03

MONTGOMERY & ASSOCIATES

Payee address; City; State; Zip Code

2101 S. IH 35
AUSTIN TEXAS 78741 (AIRLINE PAYMENT)

500 —

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

PHONE MESSAGING

Date

Payee name

Amount (\$)

16 MAY
03

CROMLINE PRINTING

Payee address; City; State; Zip Code

2030 E. HOUSTON
SAN ANTONIO TEXAS 78202

1107.88

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CAMPAIGN LITERATURE

Date

Payee name

Amount (\$)

16 MAY
03

P.C. MAILING

Payee address; City; State; Zip Code

10711 HILL POINT
SAN ANTONIO TEXAS 78217

783.31

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 10:10 AM
1 Total Pages Schedule F:**2 FILER NAME**

Thomas C Lopez

3 ACCOUNT # (Ethics Commission filers)**4 Date**17 MAY
03**5 Payee name**

POLITICO

6 Payee address; City; State; Zip Code1100 BROADWAY
SAN ANTONIO TEXAS 78215**7 Amount (\$)**

1100—

8 Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

13 MAY

Payee name

BLOCKMUNKERS - CASH

Payee address; City; State; Zip Code**Amount (\$)**

650—

Purpose of payment (See instructions regarding type of information required.)**.. Complete if direct expenditure to benefit C/OH ..**

Candidate / Officeholder name

Office sought

Office held

BLOCKMUNKERS & PRIVATE EXPENSES

Date

16 MAY

Payee name

BLOCKMUNKERS - CASH

Payee address; City; State; Zip Code**Amount (\$)**

600—

Purpose of payment (See instructions regarding type of information required.)**.. Complete if direct expenditure to benefit C/OH ..**

Candidate / Officeholder name

Office sought

Office held

BLOCKMUNKERS & DRIVERS

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**.. Complete if direct expenditure to benefit C/OH ..**

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2003 MAY 19 A 10:00

2 FILER NAME

Thomas E. Weber

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

BLOCKBURNERS CASH

8 Amount (\$)

300

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

BLOCKBURNERS & DRIVERS EXPENSES

☐ Reimbursement from political contributions intended

Date

Payee name

SOUTHSIDE RECORDS

Amount (\$)

275

Payee address; City; State; Zip Code

2203 S HACKBERRY
SAN ANTONIO TEXAS 78210

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

☒ Reimbursement from political contributions intended

Date

Payee name

ENTERPRISE CAR RENTAL

Amount (\$)

550

Payee address; City; State; Zip Code

10150 HWY 281 N
SAN ANTONIO, TEXAS 78216

Purpose of expenditure (See instructions regarding type of information required.)

E-DRIVE VANS

☒ Reimbursement from political contributions intended

Date

Payee name

IDEAS UNLIMITED

Amount (\$)

647.28

Payee address; City; State; Zip Code

2516 BANDERA ROAD
SAN ANTONIO TEXAS 78238

Purpose of expenditure (See instructions regarding type of information required.)

T-SHIRTS

☒ Reimbursement from political contributions intended

Date

Payee name

BLOCKBURNERS CASH EDRY & LINDA

Amount (\$)

2000

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

BLOCKBURNERS & DRIVERS EXPENSES

☒ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19

Total pages Schedule G:

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8 MAY
03

5 Payee name

KENNY ISLAND RESTAURANT

6 Payee address; City; State; Zip Code

2110 COPPLES RD
SAN ANTONIO TEXAS 78226

7 Purpose of expenditure (See instructions regarding type of information required.)

LE DRY EXPENSES

8 Amount (\$)

100

☐ Reimbursement from political contributions intended

Date

8 MAY
03

Payee name

THOMAS FLORES

Payee address; City; State; Zip Code

240 W. JOSEPHINE
SAN ANTONIO TEXAS 78218

Purpose of expenditure (See instructions regarding type of information required.)

FLORES SENIOR CENTERS

Amount (\$)

106

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages-Schedule H:

2 FILER NAME

Thomas C. Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Thomas C Lopez

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount (\$) |
|--------|---|---------------|
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